

# The School Store

## Account Enrollment Form

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Opening Account Deposit \$ \_\_\_\_\_

Account Restrictions: (check all that apply)

☐ This account is limited to spending \$\_\_\_\_\_ per day / per week. ☐ This account may only be used for hot lunch purchases.

☐ The following item(s) may not be purchased on this account: (please circle) Candy / Sweets Chips Gatorade/Sports Drinks Gum Other \_\_\_\_\_

☐ Other Account Restrictions or Limitations: \_\_\_\_\_

I authorize the School Store to open an account for the above named student.

Parent Signature: \_\_\_\_\_

### For Store Use Only

Amount Received: \$ \_\_\_\_\_

Cash

Check # \_\_\_\_\_

Received by: \_\_\_\_\_ (Initials)